State of Connecticut Electronic Filing Test Package Tax Year 2004

State changes are bolded

Form: CT-1040NR/PY

Test: 400-00-5709

Based off Federal Test: 400-00-1034

Name: Test T Hunter

Home Address: (74 BUILDER DR)
City, State, and Zip: (OAKVILLE CT 06779)

Form W-2 #1:

b. Employers identification number: (57-2587950)

c. Employers name address and Zip Code: (TIMELY BUILDERS)
f. Employee's address and Zip code: (74 BUILDER DR)

(<u>OAKVILLE CT 06779</u>)

Box 15 State and State ID Number: (*CT 0127089-000*)

Box 16 State Wages: (24000) Box 17 State Income tax withheld: (250)

DIRECT DEPOSIT INFORMATION

ROUTING NUMBER: 211977197

BANK ACCT NUMBER: 12345678901234567

BANK ACCOUNT TYPE: SAVINGS

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Form CT-1040NR/PY- 2004

DRS Use Only

Connecticut Nonresident or Part-Year Resident Income Tax Return

Other taxable year, beginning	ing:		2	004	and ending:				
400005709	40000	5759	S	Y	MFJ/QW	MFS		НН	
TEST	Т	HUNTER					NR	Y	PY.
MARY	В	HUNTER							
74 BUILDER DR							Form	CT-22	10 required.
							No fo	rms ne	xt year.
OAKVILLE		CT 067	79						
 Federal adjusted gross Line 4; or federal Telefit Additions to federal add Add Line 1 and Line 2 Subtractions from fede Connecticut Adjusted Income from Connectic Enter the greater of Line Income Tax (from Tax 1) Divide Line 6 by Line 5 Multiply Line 9 by Line Credit for income taxes Subtract Line 11 from L Connecticut Alternative Add Line 12 and Line 1 Adjusted Net Connectic Connecticut Income Individual Use Tax (From 1) Total Tax (Add Line 1) 	ile, Line I) justed gross ral adjusted d Gross Inco cut sources ne 5 or Line Tables or Ta: 6 (If Line 6 is 8 s paid to qua Line 10 (If Li e Minimum T 13. cut Minimum Tax (Subtraco om Schedule	gross income (from Sche gross income (from ome (Subtract Line (From Schedule CT-6 (If zero or less, gox Calculation Sched equal to or greater alifying jurisdictions ne 11 is greater that ax (from Form CT-6 on Tax Credit (from Fort Line 15 from Line et a.), Line 62) If no tax	odule 1, I n Schedu 4 from L -SI, Line o to Line lule, see than Lin (from Sc n Line 1 5251) orm CT- 14. If le	Line 41) ule 1, Lin Line 3) 29) 12 and c instruction as 5, enter chedule 2 0, enter 8801) as than	e 52) enter "0") ons, Page X) er 1.0000) 2, Line 61) "0".)	; Form 1040EZ,	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18.		35100 35100 3200 31900 28000 31900 107 .8777 94 34 60 60

Clip Check or Money Order here (Do Not Staple). Do Not Attach W-2, W-2G, or 1099 Forms.

0403100019

0403100019

a copy for your records

Sign Here

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Schedule 1 - Modifications to Federal Adjusted Gross Income			33.	
33. Interest on state and local government obligations other than Connecticut34. Mutual fund exempt-interest dividends from non-Connecticut state or mun	vernment obligations	34.		
35. Special depreciation allowance for qualified property placed in service dur	_	35.		
36. Taxable amount of lump-sum distributions from qualified plans not include		00.		
income		, 0	36.	
37. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if grea	ter than z	zero)	37.	
38. Loss on sale of Connecticut state and local government bonds			38.	
39. Allocated for future use		•	39.	
40. Other - specify ●			40.	
41. Total Additions (Add Lines 33 through 40) Enter here and on Line 2.			41.	
42. Interest on U.S. government obligations			40.	
43. Exempt dividends from certain qualifying mutual funds derived from U.S.	-	•	43.	0000
44. Social Security benefit adjustment (See Social Security Benefit Adjustmen	nt Worksh	neet, page X)	44.	3200
45. Refunds of state and local income taxes			45.	
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities47. Special depreciation allowance for qualified property placed in service dur	ring the n	rocoding year	46. 47.	
48. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less	-		48.	
49. Gain on sale of Connecticut state and local government bonds	man zere	<i>5)</i>	49.	
50. Allocated for future use	•	50.		
51. Other - specify (Do not include out of state income) ●			51.	
52. Total Subtractions (Add Lines 42 through 51) Enter here and on Line 4.			52.	3200
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions 53. Connecticut AGI during residency portion of taxable year (See instructions	s)		53.	28000
		Col. A		Col. B
(See instructions)		Carol •		
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page X)	10000			
56. Divide Line 55 by Line 53 (May not exceed 1.0000)	56.	•3571		•
57. Apportioned income tax (See Instructions, Page X)	57.	94		
58. Multiply Line 56 by Line 57	58.	34		
59. Income tax paid to a qualifying jurisdiction (See instructions, Page X)	59.	100		
60. Enter the lesser of Line 58 or Line 59	60.	34		
61. Total credit (Add Line 60, all columns). Enter here and on Line 11.		61.		34

Schedule 3 - Individual Use Tax Worksheet

Column A Column B Column C Column D Column E Column F Column G

- Total of individual purchases under \$300 not listed above
- 62. Individual Use Tax 62.

Make your check or money order payable to: "Commissioner of Revenue Services" To ensure proper posting, write your SSN(s) and "2004 Form CT-1040NR/PY" on your check or money order.						
Mail to:	For refunds and all other tax forms without payment:	For all tax forms with payment:				
	Department of Revenue Services	Department of Revenue Services				
	PO Box 2988	PO Box 2922				
	Hartford CT 06104-2988	Hartford CT 06104-2922				

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Schedule CT-SI

Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

Use this schedule if you were a Nonresident or Part-Year Resident of Connecticut Complete and Attach to Form CT-1040NR/PY

Your First Name and Middle Initial	Last Name	Your Social S	ecurity Number
If JOINT Return, Spouse's First Name and Middle Initial	Last Name	Spouse's Soc	ial Security Number
IMPORTANT: SEE INSTRUC	CTIONS ON PAGE 25 BEFORE COMPLET	ING THIS SCH	EDULE.
PART 1 — CONNECTICUT INCOME — Part-Year Re	esidents: Complete Schedule CT-1040AW	Part-Vear Res	ident Income Allocation
Add Columns B and D for each line of Schedule CT-			
income received from Connecticut sources.		3	
1. Wages, salaries, tips, etc.		1	
Taxable interest			
3. Ordinary dividends			
4. Alimony received			
5. Business income or (loss)		The second second	
6. Capital gain or (loss)		1 1000	
7. Other gains or (losses)			
8. Taxable amount of IRA distributions		3 -	
9. Taxable amount of pensions and annuities			
10. Rental real estate, royalties, partnerships, S corporat			
11. Farm income or (loss)			
12. Unemployment compensation		The second secon	
13. Taxable amount of social security benefits			
14. Other income (including lump-sum distributions)			
15. Gross income from Connecticut sources (Add Lines 1		The second secon	00
PART 2 — ADJUSTMENTS TO CONNECTICUT INC			
16. Deduction for clean fuel vehicles			по горопои авоче.
17. Certain business expenses of reservists, artists, and 18. IRA deduction			
19. Student loan interest deduction			
Tuition and fees deduction	The state of the s	//3	
22. Moving expenses			
23. One-half of self-employment tax			
24. Self-employed health insurance deduction			
25. Self-employed SEP, SIMPLE, and qualified plans			
26. Penalty on early withdrawal of savings			
27. Alimony paid. Recipient's last name:			
28. Total adjustments (Add Lines 16 through 27)			
29. Income from Connecticut sources (Subtract Line		20	
Enter the amount here and on Form CT-1040NR/PY, I	,	29	00
			<u>'</u>
EMPLOYEE APPORTIONMENT WORKSHEET — C	Complete Lines A through C only when the	income from a	mplayment is carned both
inside and outside Connecticut and the exact amount	· · · · · · · · · · · · · · · · · · ·		
know the exact amount of your Connecticut source		iot complete i	Lines A unough G il you
-			
A. Working days (or other basis) outside Connecticut			
B. Working days (or other basis) inside Connecticut			
C. Total working days (Add Line A and Line B)			
D. Nonworking days (holidays, weekends, etc.)			
E. Connecticut ratio (Divide Line B by Line C. Round to f	• •		T
F. Total income being apportioned			
G. Connecticut income (Multiply Line E by Line F) Enter		G	
Basis, if other than working days:			

Schedule CT-1040AW

2004

Part-Year Resident Income Allocation

Part-year residents MUST complete this Schedule before completing Schedule CT-SI Complete and Attach to Form CT-1040NR/PY

Your First Name and Middle Initial	Las	Your Social Se	Your Social Security Number					
If JOINT Return, Spouse's First Name and Middle Initial	Last Name			Spouse's Social Security Number				
PART 1 – ADJUSTED GROSS INCOME Married persons filing separate Connectic	Federal Income as Modified (See instructions, Page X) Connecticut Resident Period		Connecticut Nonresident Period					
income tax returns should complete separate worksheets.		COLUMN A Income from federal return	COLUN Income from for this p	Column A	COLUMN (Income from Colum for this period	nn A 🛭	COLUN Income from from Connection	Column C
1. Wages, salaries, tips, etc								
2. Taxable interest			-					
3. Ordinary dividends						+		
4. Alimony received	. 4			9335-93-93-7	5852 SWW-58 NE W			
5. Business income or (loss)								
6. Capital gain or (loss)					- 3			
7. Other gains or (losses)	8			7				
8. Taxable amount of IRA distributions			1 1					
9. Taxable amount of pensions and annuities10. Rental real estate, royalties, partnerships,	٠٢							
S corporations, trusts, etc.	. 10							
11. Farm income or (loss)	F .			- 4	- 4			
12. Unemployment compensation	_		48 -					
13. Taxable amount of social security benefits	4000		(-1 H T C		-			
14. Other income (including lump-sum distributions)	. 14			-				
15. Add Lines 1 through 14	. 15	00	0	00	33	00		00
PART 2 – ADJUSTMENTS TO INCOME		UK	2					_
16. Deduction for clean-fuel vehicles	. 16							
17. Certain business expenses of reservists, artists, and fee-basis government officials	. 17	toher	1 20	004	. R			
18. IRA deduction			-, -	4				
19. Student loan interest deduction	-			1852555				
20. Tuition and fees deduction	Section 1			THE.	5			
21. Health savings account deduction	. 21							
22. Moving expenses	. 22							
23. One-half of self-employment tax	. 23							
24. Self-employed health insurance deduction	. 24							
25. Self-employed SEP, SIMPLE, and qualified plans $\ensuremath{\text{.}}$. 25							
26. Penalty on early withdrawal of savings	_							
27. Alimony paid	_					Ш		
28. Total adjustments (Add Lines 16 through 27)								
29. Subtract Line 28 from Line 15			•	00		00	07.01	00
Add Columns B and D for each PART 3 – PART-YEAR RESIDENT INFORMA			als on Lines	s 1 throug	jh 29 on Sche	dule	CT-SI.	
Moved Into Connecticut	AT IO	IN						
			- f! : -					
1. Date you moved into Connecticut and state of prior residence:								
2. Date your spouse moved into Connecticut _		<u> </u>	and state of p	orior resid	ence:			
Moved Out of Connecticut								
1. Date you moved out of Connecticut and state of new residence:								
2. Date your spouse moved out of Connecticut and state of new residence:								
Income From Connecticut Sources During Nonresident Period								
1. Did you receive income from Connecticut so	urce	s during your nonre	sident period	l?			YES 🗖	NO □
2. Did your spouse receive income from Conn	ectic	ut sources during hi	s or her non	resident p	eriod?		YES 🗖	NO 🗆

Label Label Compare Section S	1040		rtment of the Treasury—Internal Revenue Servenue Servenue Tax Retu		(00)	IDO 11 O-1			anta la Mala ancas			
Vour first name and initial Last name Vour social security number Vour social security n	1010				(99) 4, ending		y—Do not		· · · · · · · · · · · · · · · · · · ·			
Total number of exemptions claimed Last.name Spouse's social security number on page 18. Home address (humber and street). If you have a P 0 200, see page 16. Apt. no. Important! You must enter or type, Presidential Election Campsin Do you, or your spouse if filing a joint return, want \$8 to go to this fund? You must enter your SNN(s) above. You Spouse See page 18. Total number of exemptions claimed Total number of exemptions Total number of exemptions Total	Label	_		<u> </u>	, <u> </u>	· · ·				ber		
The content of the												
Home address (number and steed), if you have a £ 0 best, see page 16.	on page 16.)	If a	joint return, spouse's first name and initial La	st name				Spouse's	social security n	ıumber		
please print or type. Presidential Election Campaign (See page 16) Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your gopouse if filling a joint return, want \$5 tis go to this fund? I Single page 16) Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your gopouse if filling a joint return, want \$5 tis go to this fund? I Single Tilling Status I Married filing supparately. Enter spouse's SSN above and full name here. I Single Tilling Status Exemptions Filing Status I Married filing supparately. Enter spouse's SSN above and full name here. I Single Tilling Status I Married filing supparately. Enter spouse's SSN above and full name here. I Coalifying widow(er) with dependent child (see page 17) Filing Status I more than four dependents. C Dependents: C Dependents: (1) First name Last name C Dependents: (1) First name C Dependents: (1) First name C Dependents: (2) Dependents (1) First name C Dependents: (2) Dependents (3) Repondent's (III) First name (IIII) first name (III) first name (IIII) first name (IIII) first name (IIII) first name (IIII) first name	label.	Но	me address (number and street). If you have a P.	O. box, see page 16.		Apt. no.		▲ Ir	nportant!			
Blacton Campaign Note. Checking "Yes" will not change your tax or reduce your refund.	please print R	Cit	v, town or post office, state, and ZIP code. If you	have a foreign addre	ess, see pag	e 16.						
Do you, or your spouse if filling a joint return, want \$3 to go to this fund?			Note Charling "Va" will be become					You	Spous	se		
Filing Status Check only Married filing perparately: Enter spouse is SN above and full name here. ▶ filing separately: Enter spouse is SN above and full name here. ▶ filing separately: Enter spouse is SN above and full name here. ▶ filing separately: Enter spouse is SN above and full name here. ▶ filing separately: Enter spouse is SN above and full name here. ▶ filing separately: Enter spouse is SN above compendents. compendents. (2) Opendents. (3) Dependents. (1) First name. Cast name						d?	. •	Yes	□No □Yes	No		
Check only one box. Married filing separately. Enter spouse's SSN above and full name here.	Eilin o Otatan	1	Single	4	↓ ☐ Head	of household	d (with q	ualifying p	person). (See page	e 17.) If		
and full name here. ▶ 5 □ Qualifying widow(er) with dependent child (see page 17) Fare Spouse. Spous	Filing Status	2	Married filing jointly (even if only one ha	d income)				hild but n	ot your dependen	t, enter		
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Spouse C Dependents C Depende	one box.	60				, ,	er) with	ÌΕ	Boxes checked	je 17)		
c Dependents: (1) First name (2) Dependents: (2) Dependents: (3) Dependents: (4) If unushing relationship to your prelationship to	Exemptions							(
If more than, four dependents, see page 18.		С						fying o	n 6c who:			
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Add numbers on Add								(5	see page 18)			
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Income		d	Total number of exemptions claimed									
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31 Self-employed health insurance deduction (see page 30) 32 Self-employed SEP, SIMPLE, and qualified plans			-		30							
33 Penalty on early withdrawal of savings					31							
34a Alimony paid b Recipient's SSN ► 34a 35 Add lines 23 through 34a		32	Self-employed SEP, SIMPLE, and qualified	d plans								
35 Add lines 23 through 34a		33					+					
35 Add lines 23 through 34a								25				
			Subtract line 35 from line 22. This is your	adjusted gross in	 ncome					+		

Form 1040 (2004)			Page 2		
Toy and	37	Amount from line 36 (adjusted gross income)	37		
Tax and	38a	Check [You were born before January 2, 1940, Blind.] Total boxes			
Credits	oou	if: Spouse was born before January 2, 1940, ☐ Blind. checked ▶ 38a			
	١.	(= spoulos mas som solore samally 2, 10 to, = similar) similar			
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here 38b	20		
for—	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39		
• Doonlo who	40	Subtract line 39 from line 37	40		
 People who checked any 	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on			
box on line		line 6d. If line 37 is over \$107,025, see the worksheet on page 32	41		
38a or 38b or who can be	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42		
claimed as a	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972	43		
dependent, see page 31.	44	Alternative minimum tax (see page 35). Attach Form 6251	44		
			45		
All others:	45	Add lines 43 and 44	40		
Single or Married filing	46	Toroigh tax croais. Assault of the required			
separately,	47	Credit for child and dependent care expenses. Attach Form 2441			
\$4,850	48	Credit for the elderly or the disabled. Attach Schedule R 48			
Married filing	49	Education credits. Attach Form 8863			
jointly or	50	Retirement savings contributions credit. Attach Form 8880			
Qualifying widow(er),	51	Child tax credit (see page 37)			
\$9,700	52	Adoption credit. Attach Form 8839			
Head of	53	Credits from: a ☐ Form 8396 b ☐ Form 8859			
household,		Credita from deed B Tom 6000			
\$7,150	54	Other credits. Check applicable box(es): a Form 3800			
		b ☐ Form 8801 c ☐ Specify 54			
	55	Add lines 46 through 54. These are your total credits	55		
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0	56		
Other	57	Self-employment tax. Attach Schedule SE	57		
	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58		
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	59		
	60	Advance earned income credit payments from Form(s) W-2	60		
	61	Household employment taxes. Attach Schedule H	61		
	62	Add lines 56 through 61. This is your total tax	62		
		00	02		
Payments Payments	63	Federal income tax withheld from Forms W-2 and 1099 63			
	64	2004 estimated tax payments and amount applied from 2003 return 64			
If you have a	65a	Earned income credit (EIC)			
qualifying child, attach	b	Nontaxable combat pay election [65b]			
Schedule EIC.	66	Excess social security and tier 1 RRTA tax withheld (see page 54)			
	67	Additional child tax credit. Attach Form 8812 67			
	68	Amount paid with request for extension to file (see page 54) 68			
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 . 69			
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70		
			71		
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid			
Direct deposit?	72a	Amount of line 71 you want refunded to you	72a		
	▶ b	Routing number Savings Checking Savings			
and fill in 72b, 72c, and 72d.	d	Account number			
720, and 720.	73	Amount of line 71 you want applied to your 2005 estimated tax 73			
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 ▶	74		
You Owe	75	Estimated tax penalty (see page 55)			
Third Dorty	Do	you want to allow another person to discuss this return with the IRS (see page 56)?	complete the following. No		
Third Party		Signed's Payanal identifies			
Designee	nar	signee's Phone Personal identification no. ▶ () number (PIN)	ation		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	to the best of mv knowledge and		
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh			
Here	You	ur signature Date Your occupation	Daytime phone number		
Joint return?		- Car Company	,		
See page 17.	on a conv				
Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation					
					Doid
Paid		nature Check if self-employed			
Preparer's	Firr	m's name (or EIN	:		
Use Only	you	urs if self-employed),	()		
	ado	dress, and ZIP code Phone no.	() Form 1040 (2004)		